

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85139 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

BOARDS AND COMMITTEES APPLICATION FORM

Thank you for your interest in volunteering for the City of Maricopa. With this application, please attach an up-to-date **resume** and **cover letter** about yourself. Please fill out the following form and return it to the City Clerk by one of the following means:

Email - Fax - Questions

Email: vanessa.bueras@maricopa-az.gov
Fax: 520-568-9120
Questions?: 520-316-6971

By Mail

City Clerk City of Maricopa P.O. Box 610 Maricopa, AZ 85239

In Person

City Clerk City of Maricopa 44624 West Garvey Avenue Maricopa, AZ 85239

		Contact Informa	ation				
Name:							
Address:							
City, State, Zip:							
Email:							
Home Phone:		Work Phone:	Cell Phone:				
General Information							
What Committee A You Applying Fo							
Briefly Tell Us Abo Your Experience A Education	out						
Briefly Tell Us Why Want To Serve On T Committee	You This						



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When Are You Available For Meetings?					
Are You A Registered Voter?	Yes	No	Do You Live Within The City's Incorporated Limits?	Yes	No
Have You Served On Any Boards, Commissions, Committees, or Task Forces In the Past?					
If So, Please List.					
PLEASE NOTE THAT YOU CAN ONLY SERVE ON ONE BOARD OR COMMITTEE AT A TIME.					
C.S. com	ature of Appl	· ·			ate:
Sign	ature of Appi	псанс:		D	ate:
				FOR OFFICE USE ONLY Application Received On:	